

PHYSICIANS-PHARMACEUTICAL INTERACTION, WHERE DO WE STAND?Syed Sajid Hussain Shah¹, Bibi Aalia², Mubarak Zeb³, Ihsan Ullah⁴**ABSTRACT**

Introduction: The relationship between physicians and pharma industry is an old and significant one. This study was conducted to evaluate the relationship between doctors and sales representatives of different pharmaceutical companies. Moreover, it evaluates the conflict of interest arising from some unethical practices.

Material & Methods: The study was conducted in the outpatient department of Ayub Teaching Hospital Abbottabad for a period of three months. The representatives of different pharmaceutical companies visiting the department of paediatrics were included in the study after informed consent. The data was recorded using a proforma having set of questions and then analysed using SSPS 24 software.

Results: A total of 92 pharmaceutical company representatives were included in the study. Out of 92 representatives, 93.5% were given proper training. About 12% responded that they openly gave incentives to doctors for boosting their company sales and 34.8% responded that doctors demanded personal gains from them. There is significant relationship between open incentive given to doctors and open demand by doctors ($p = 0.005$).

Conclusion: Interaction of doctors with the pharmaceutical companies is complex and conflict of interest is there. On one hand pharmaceutical companies are not following code of conduct in promotion/sales of their products and on other hand a reasonable number of doctors are not following the ethical guidelines and are involved in malpractice.

Key Words: malpractice, medical ethics, physician's interaction, pharmaceutical industry

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INTRODUCTION

The relationship between the physicians and pharmaceutical industry is significant one. The physician prescribes the necessary and in some cases lifesaving medicine to the patient which are then provided by the pharmaceutical companies in the form of trademarks/brand medicines produced by them. The professionals from health care along with pharmaceutical companies work on common goal of improvement of health condition of patients and to maintain high quality and standards of care. This is done by high professional skills of doctors and scientific research of pharmaceutical industry. This two-way collaboration benefits not only doctors and pharmaceutical industry but also the patients.¹ Doctors prescribe the brand drug of pharmaceutical companies and promote the company drug and pharmaceutical companies' sponsor continues medical education programs and conferences and also give small gifts to the doctors and free lunches.² In our part of world pharmaceutical company representative have been reported to be one important source of information for the general practitioner doctors mostly working in the periphery about the drugs which are launched newly and also about the treatment options for non-

communicable diseases.³ Due to the financial involvement at all the steps of relationship, there is a conflict of interest at different levels leading to corrupt practices in the noble profession of medicine and physician and pharmaceutical industry relation.⁴ Patients and their wellbeing is a part of this equation, this relationship is subject to strict moral codes. Unfortunately, on the part of the physicians and the pharma the monetary gain which comes with the business of providing drugs can at times lead to abuse of basic moral values. This study was designed to evaluate the relationship between the representatives of different pharmaceutical companies and physicians and the level of unethical practices prevalent in the healthcare sector.

MATERIAL AND METHODS

This study was conducted at the department of paediatrics, outpatient department (OPD) of Ayub Teaching Hospital Abbottabad over a period of three months from September 2018 to November 2018. The pharmaceutical company representatives both males and females from ranks of medical sales officer to national sales manager of different pharmaceutical companies visiting the paediatric department OPD were included in

the study after getting informed consents from them. The pharmaceutical company representatives were briefed about the purpose of study and then given the specific proforma for answering different questions. Only pharmaceutical company representative who gave consent were included. The proforma was anonymous and had no identity of person filling it. All data were kept confidential. The proforma had specific set of questions about the literacy level, proper training by pharmaceutical company to work as pharmaceutical company representative, sales target given by company, incentives given by the company for doctors to enhance sales and demand by doctors for their personal benefits. The proforma also had information about the doctor's demand for personal benefit and sharing of that information by the representative among the colleague representatives from other companies. The data was analysed using SPSS version 24 software. A p-value of ≤ 0.05 was considered statistically significant.

RESULTS

A total of 92 pharmaceutical company representatives visiting paediatric OPD on regular basis were included in the study. Majority (58%) of them were graduates at the time of joining the pharmaceutical company. Out of these 92 pharmaceutical company representatives, 93.5% were given proper training after joining the pharmaceutical company for representing the specific pharmaceutical company and only 6.5% responded that they did not get any training and was assigned task of promoting company products. Details of education levels of different pharmaceutical company representatives is given in table 1.

Most of the pharmaceutical companies set target sale for the pharmaceutical company representatives as (92.4%) responded yes and only (7.6%) responded negatively. About 12% responded they openly gave incentives to doctors for boosting their company sales and 88% responded that they did not offer any incentive to doctors for achieving sales target. Sales representatives were questioned about open incentive demanded by doctor for personal benefit which was not related to patient care directly or indirectly. Around 34.8% responded that doctors demanded personal gains from them and 65.2% responded that no demands from them were made by any doctor in their career. There was significant relationship between open incentive given to doctors and open demand by doctors ($p=0.005$). Open incentives to the doctors and their personal demands values are shown in table 2.

DISCUSSION

This study has been taken in lieu of the current practices being followed in field of clinical medicine in our set up. Physician to pharmaceutical-industry interaction is one of the aspects for which there are some ethical directions. If doctors are not interacting with pharmaceutical industry in an ethical way, then they are compromising the basic values of clinical medicine for which doctors have taken oath. Trust is one of the basic ethical value which comes in relation of doctor with the patient and patient tells his/her issue to doctor and also exposes privates areas of the body if need to be.⁵ Biomedical ethics are one important source of inculcation of ethical practice and professionalism in the health care profession.⁶

As being human, the health care professionals are prone to mistakes. By dealing with pharmaceutical industry when a lot of money is involved, there comes conflict of interest in many doctors.⁷ In the USA to set the record straight and putting transparency in physician-pharmaceutical industry relations, the Sunshine act of 2007 was implemented which is also the patient Protection and Affordable Care Act part. This mandated to disclose the gifts and payments given to doctors by pharmaceutical companies.⁸ In our setup pharmaceutical company representatives openly visit outpatient department of public sector hospitals and not only give free samples of different medicines but also give small gifts as good will gesture to the doctors from rank of professor to house officers. The pharmaceutical company representatives try to lure more junior doctors as they can give any prescription at odd hours when senior doctors are not there. Studies have shown that gifts having small value as 20 US \$ have resulted in more prescriptions.⁸

One review study done by Fickweiler et al.⁹ showed that interaction of doctors with pharmaceutical company representatives and acceptance of gifts from pharmaceutical industry has great influence on prescription. Like in our study about 12% responded yes for giving incentive to the doctors, as if doctors are accepting the offers this leads to irrational prescription of specific company drugs as most of the companies have set sales target in our study. Not only this gift acceptance does affect the doctor's prescription behaviour, but the pharmaceutical company representatives do inform their fellow in company and also pharmaceutical company representatives about the gift acceptance behaviour of some specific doctor leading to further gift acceptance and open incentive offers, as our study results showed there is significant relationship between target sales of company and doctor attitude discussion ($p=0.021$).

Our study results also showed very significant relationship between open incentive given by pharmaceutical company representatives and doctors' demand ($p=0.005$). One study in USA by Taylor et al.¹⁰ was done about monetary dealing of pharmaceutical company and ophthalmologist for prescribing anti-Vascular Endothelial Growth Factor. Not only is this for monetary gain on both sides but sometimes human life is also put at stake. It has been reported in another study carried out by Hadland et al.¹¹ that increase opioid marketing led to increase prescription and ultimately increase deaths from opioid overdose. This is very serious issue that in physician-pharmaceutical industry relation, doctors have crossed the limits.

One of the most common interactions of pharmaceutical companies with doctors in our part is offering and hosting of meals. This is the most common practice seen in almost every public sector hospital. Studies have shown that this meal sponsoring does affect doctor's prescription behavior.¹² In a study carried out by DeJong et al.¹³ including 279,669 physicians, there was association between meal giving pharmaceutical company and its brand name drug and the more valuable the meal, the more is brand name drug prescription.

Though physicians and pharmaceutical company’s interaction are beneficial in lieu of education and promotion of knowledge yet these interaction does affect the quality of drug prescription of doctors.^{14,15} One study done in Lebanon by Khazzaka M reported that the promotional tools used by pharmaceutical companies do motivate the doctors and their prescription behaviour is influenced by the marketing strategies of the pharmaceutical companies.¹⁶

CONCLUSION

In conclusion of the present study, the physician-pharmaceutical interaction in our set-up is not going in the right direction. It is clearly evident that the pharmaceutical companies are not following ethical practices for promotion of their products, yet our highly qualified physicians are also involved in these unethical practices. There seems a lack of proper guidelines for the healthcare sector as well as a lack of medical ethics education. The problem may be minimized by proper medical ethics education and implementation of strict codes of business ethics for pharmaceutical industry along with physician-pharmaceutical interaction ethical guidelines for the doctors.

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Table 1: Education level of medical representatives (n=92)

Literacy level	Frequency	Percent
SSC (Matric)	2	2.2
HSSC (FSc)	Nil	Nil
Graduation (Bachelors)	58	63.0
Post-graduation (Masters)	32	34.8

Table 2: Doctor Demand vs open incentive to Doctor

Doctor’s demand	Open Incentive to the Doctor		Total (%)
	Yes (%)	No (%)	
Yes	8 (8.7)	24(26.08)	32(34.78)
No	3(3.26)	57(61.96)	60(65.21)
Total	11(11.95)	81(88.4)	92(100)